
Relationship With Putative Father and Use of Contraception in a Population of Black Ghetto Adolescent Mothers

PHYLLIS EWER, PhD, and JAMES O. GIBBS, PhD

THE EFFECT of the nature of the relationship between sexual partners and the use of contraception has been inadequately investigated. In general, researchers (1,2) have dealt with a woman's use of contraception as if it did not involve her relationship with her partner but only her characteristics such as age, parity, and the like. In populations of patients receiving contraception in publicly subsidized clinics, relatively high rates of discontinuation have been reported (1-3). Patients choosing oral contraception (usually the most frequent choice) and teenagers are especially likely to discontinue.

A notable exception to most research on contraceptives is the work of Rainwater (4). He showed that the amount of role segregation in a marriage is related to both rejection of sexuality and to ineffective practice of contraception. Although his research has involved only married couples, Rainwater (5) speculated that such factors would interfere with the practice of contraception in premarital and extramarital relationships.

Furstenberg (6) has done an ex post facto analysis of the preconception use of contraception by a group of

□ Dr. Ewer is in the Department of Sociology, University of Illinois at Chicago Circle, Chicago, and Dr. Gibbs is in the Department of Sociology, Loyola University, Chicago.

Special funding for the Atlanta Adolescent Pregnancy Program described in the paper was provided to the Department of Gynecology and Obstetrics of the Emory University School of Medicine by the Maternal and Child Health Service, Health Services and Mental Health Administration, under Public Health Service Grant No. H-214-1 (C1) (R). Tearsheet requests to Dr. Phyllis Ewer, University of Illinois at Chicago Circle, Box 4348, Chicago, Ill. 60680.

couples in which the girl became pregnant as an adolescent. Although all the couples ultimately failed to prevent pregnancy, there was evidence of greater use of contraception when the relationship between the partners was characterized as stable rather than temporary. His data suggest that even the occasional practice of contraception has an impact in delaying the pregnancy.

This analysis will focus on the nature of the relationship between sex partners as a factor in the use of contraception and experiencing unprotected coitus. The respondents are black adolescent mothers. The relationship explored is that between the girl and the father of her child.

Research Design

The data for this analysis were collected as part of the research program of the Atlanta Adolescent Pregnancy Program (AAPP). The program, conducted from July 1968 through June 1971 by the Department of Gynecology and Obstetrics of the Emory University School of Medicine, provided comprehensive prenatal and post partum services to a population of pregnant inner city adolescents.

Selection of respondents. Pregnant adolescents who normally attended a designated high school in Atlanta were eligible to participate in the program. Those who attended two other schools were identified and followed as a control group.

Pregnant adolescents were included in the research population if they normally attended the program school or one of the control schools, were under 17 years old, and were not high school graduates at the estimated time of conception. To identify subjects meeting these criteria, staff members screened the patients of the prenatal clinics and obstetrical wards at the Grady Memorial Hospital from May 1969 to September 1970. An analysis of birth certificate data for 1968 indicated that almost the entire population of low income black teenagers delivering in the community used the services of this hospital.

An attempt was made to interview each eligible patient identified between May 1969 and September 1970. When an eligible patient was not interviewed, it usually was because of difficulties in contacting her parent or parents to obtain permission. Interviews were obtained from 85 percent of the patients who were eligible for the research group.

It is important to note that for research purposes all subjects identified as eligible for the program were retained in the study group whether they elected to receive services from the program or not. Thus, the treatment group is not a self-selected group of more highly motivated subjects.

Program content. Both program and control groups received instruction in the use of contraception during pregnancy, during the immediate post partum period of

hospitalization, and at the 6-week post partum checkup. Although, technically, the two groups received contraception services under different organizational auspices—the program group through the AAPP and the control group through the Maternal and Infant Care Project at Grady Memorial

Table 1. Girl's relationship with putative father over time: frequency of contact and expected frequency of future contact

Question	Number	Percent
1. Preconception relationship at prenatal interview		
"Just before you became pregnant were you and he—		
Seeing one another now and then	24	11
Going together regularly	135	62
Planning to get married	50	23
Already married"	7	3
Don't know	2	1
Total	218	100
2. Expectation for future relationship at prenatal interview		
"After your baby is born, do you expect to—		
Not see him anymore or see him now and then	50	25
See him regularly	67	31
Become engaged to be married or get married"	67	31
Respondent married to putative father [not asked]	27	13
Don't know	4	2
Total	215	100
3. Relationship at the 9 months post partum interview^a		
"Would you say you are—		
Not seeing each other	63	29
See each other now and then	46	21
Seeing each other regularly	16	7
Planning to get married"	36	16
Respondent married to putative father [not asked]	37	17
Respondent is separated or divorced [not asked]	15	7
Putative father reported deceased . . .	5	2
Don't know	2	1
Total	220	100
4. Expectation for future relationship at 9-month post partum interview		
"How about in the next year or so? Do you expect to—		
Not see him anymore or see him now and then	101	46
See him regularly	15	7
Become engaged to be married or get married"	40	18
Respondent is married to putative father [not asked]	37	17
Respondent is separated or divorced [not asked]	15	7
Putative father reported deceased . . .	5	2
Don't know	7	3
Total	220	100

^a1 other and 3 not asked are missing. ^b3 other and 4 not asked are missing. ^c2 not asked are missing. ^d1 other and 1 not asked are missing.

NOTE: Most cases involved couples who are not living together and consider themselves separated although no legal action has been filed.

Hospital—the same persons provided services to both groups. Partly as a consequence of this similarity in services, differences between the program and control groups in contraception continuation were too small to suggest any program effect (7). This result permits combining the two groups for this analysis.

Interviews. The information on patient characteristics used in this analysis was obtained largely from the first and last in a series of interviews with each patient at the initial prenatal contact, delivery, the 6-week checkup, and at 9 months post partum. Patients who received no prenatal care or who could not be interviewed during the initial prenatal clinic visit were given the prenatal interview at the time of the delivery interview. The median time for the prenatal interview was about 28 weeks after the subject's last menstrual period.

There were 283 prenatal interviews of primigravid patients identified as eligible for the study and control groups. When the research support ended, 22 subjects were not yet 9 months post partum and had not been contacted for the final followup interview. Of the remaining 261 subjects, 3 refused the followup interview, 7 were reported to have moved out of the city, and 22 could not be located. No attempt was made to locate 7 subjects because of clinical errors. The analysis is based on the remaining 222 subjects or 85 percent of the primigravid patients eligible to receive both interviews.

Findings

Relationship between the girl and the father of her child. In a population of black adolescents, youth, low income, and other pressures combine to produce relationships with sex partners which are especially subject to dissolution. Descriptions of relationships in low income black families and among adolescent peers may be found in the works of Rainwater (8,9) and Ladner (10). The study group adolescents' reports of their relationships with the putative father indicated fewer close relationships with the passage of time. The data in

table 1 show the relationships with the putative father over time.

The first question referred to the preconception relationship. Most subjects (88 percent) regarded themselves as having a relationship that involved at least "regular" contact with the putative father at that time. Question 2 asked about the anticipated future status of the relationship at the time of the prenatal interview; however, we interpret the responses as largely reflecting the status of the relationship at the time of that interview—28 weeks gestation, median. (The timing of this interview varied somewhat. If it occurred after delivery rather than before, more girls indicated lower levels of contact with the baby's father and fewer indicated that they had marriage plans. It was assumed that this difference was a function of interview timing, since it was not maintained in descriptions of the relationship either at earlier or later times.) By the time of the prenatal interview there had been an increase both in the number of subjects indicating marriage plans or already married and in the number reporting low levels of contact with the putative father.

By 9 months post partum (question 3) the number of married subjects increased, but most girls were reporting low levels of contact with the putative father. Future expectations (question 4) differed little from the current description.

In table 2, the descriptions of the preconception relationship and the 9-month post partum relationship are cross classified and percentaged to the total. The most frequent pattern is for the subject to report that she was seeing the putative father regularly before conception and less frequently at 9 months post partum. Thirty-five percent of the respondents reported this pattern. Altogether, 58 percent of the subjects moved to lower levels of contact with the putative father (counting all separated and divorced subjects). Fifteen percent of the respondents reported the same level of contact before conception and at 9 months post partum; 27 percent reported closer relationship at 9 months post partum.

Table 2. Nine-month post partum relationship with putative father, by nature of preconception relationship, in percentages

Preconception relationship	Relationship with putative father at 9-month post partum interview ¹						Total	
	Not seeing him (N=67)	Seeing him now and then (N=44)	Regularly (N=16)	Planning marriage (N=35)	Married (N=37)	Separated or divorced (N=14)	Number (N=208)	Percent
Saw him now and then	5	3	1	0	0	0	22	11
Saw him regularly	21	14	5	12	8	3	130	62
Planning marriage	4	4	1	5	7	2	40	24
Married	0	0	0	0	2	1	7	3
Total	30	21	8	17	18	7	*100

$$X^2 = 46.4, df = 15, P < .001$$

¹See table 1 for exact wording and tense of each category.

*Row and column percentages do not sum to marginal percentages because of rounding errors.

NOTE: Missing cases—Preconception relationship: 1 other, 2 don't know, and 3 not asked. 9-month post partum relationship: 2 don't know (1 counted above), 2 not asked, and 5 deceased.

Table 3. Continuous users of contraceptives and nature of relationship with putative father, 9 months post partum

Relationship with putative father, 9 months post partum	Continuous users (percent)		
	Initial methods	All methods	All methods, including abstinence
69 not seeing him ¹	52	56	72
46 seeing him occasionally	54	59	72
16 seeing him regularly	50	56	94
36 planning marriage	86	94	97
37 married	65	76	76
15 separated or divorced	20	27	33
219 total	58	64	76
X ²	22.9	28.5	27.4
df	5	5	5
P	<.001	<.001	<.001

¹Includes 5 putative fathers reported to be deceased.

NOTE: Missing cases—2 don't know; 1 not asked.

Relationship with putative father and contraception continuation. Table 3 reports rates of contraception continuation by the nature of the subject's relationship with the putative father 9 months post partum. Three measures of continuation are presented. The first contraception measure (initial method) represents the percentage of subjects who were continuous users of the first method of contraception they chose. The second measure (all methods) counts continuous use of a single method and also use of several methods, provided there were no gaps in protection. The third measure (all methods plus abstinence) counts the subjects who either used some method of contraception with no gaps in the subject's reports of sexual abstinence as the equivalent of continuation and represents the percentage of subjects who either used some method of contraception with no gaps in protection or who reported that during any gaps in method use they were not having coitus. In other words, the subjects who were not counted as continuers under the third measure of continuation have specifically reported unprotected intercourse.

The first observation which must be made concerning these data is that being married does not produce the high continuation rates one would expect if marriage is the most extreme relationship in terms of closeness. Instead the pattern of continuation suggests that marital status must be viewed, along with closeness of the relationship, as an independent variable.

Among the never married subjects, having a continuing relationship with the putative father is positively associated with method continuation. For the first two measures of continuation, percentage differences of 32 percent or greater occur between the subjects who are planning marriage and those who are not. For the measure of continuation, including abstinence, the association remains positive (differences of 22 percent

or more), but the major difference occurs between those seeing the putative father at least regularly and those seeing him less frequently. The differences between levels of continuation within the unmarried group are significant at <.01 level (X²).

Between the two levels of closeness for ever married subjects the same pattern of association with continuation occurs, with percentage differences ranging from 43 percent to 49 percent depending upon the type of continuation measured. The differences within the ever married group are also statistically significant at <.01 level (X²).

Method chosen. The subject's initial method of contraception is related to continuation. As in previous studies (1,2) IUD users have the highest continuation rates followed by those choosing oral contraceptives and other methods in that order. To remove any effect which differential method choice might have on contraception continuation rates by the relationship with the putative father, standardized rates are presented in table 4. Within each category of the independent variable we have assumed the overall marginal distribution of first method chosen. (In analyzing the zero order relationships between continuation and other possible independent variables, no other variable was found which warranted this treatment. A variety of variables representing background characteristics and attitudes of the subjects, including age, family structure, knowledge of reproductive biology and contraception, and attitudes about sexual permissiveness were examined in this regard.)

The major effect of controlling for the initial method chosen is a reduction in the initial method and all method continuation among those seeing the putative father regularly. This decrease is probably the result of unstable method-specific continuation rates resulting from the small numbers used to calculate them. Thus, we are not inclined to believe that the low method continuation rates of this category requires a substantive explanation.

Table 4. Percentage of continuous users of contraception and relationship with putative father 9 months post partum, standardized for initial method chosen

Relationship with putative father, 9 months post partum	Continuous users (percent)		
	Initial methods	All methods	All methods, including abstinence
69 not seeing him ¹	53	57	76
46 seeing him now and then	61	65	76
16 regularly	44	48	93
36 planning marriage	86	95	98
37 married	64	74	74
15 separated or divorced	21	26	34
219 total	58	65	77

¹Includes 5 putative fathers reported to be deceased.

NOTE: Missing cases—2 don't know; 1 not asked.

Overall, a comparison of tables 3 and 4 indicates that controlling for the effects of initial method has not substantially altered the pattern of contraception continuation by relationship with the putative father. The original differences are reduced only slightly. This means that the initial method of contraception chosen is not an important factor in the association between continuation and the relationship with the putative father.

Beginning another relationship. Among those subjects reporting little contact with the putative father at 9 months post partum, some have begun a relationship with a new partner. In table 5 are the three continuation rates for those who indicate that they are "seeing another man now" and those who are not. A comparison of the two groups on continuation with the initial method and all methods reveals no differences in continuation involving use of method. However, when abstinence is taken into consideration, those who are not seeing another man have experienced 17 percent less unprotected coitus than those who are. Among those discontinuing method use, 78 percent of those seeing someone else have experienced unprotected coitus compared with 30 percent of those not seeing someone else ($P < .001$, X^2). Apparently, when former users begin another sexual relationship they do not commence use of contraception in time to avoid greater risk of pregnancy.

Discussion

The findings reported in this study indicate that typically the relationship between a young black adolescent mother and the father of her baby changes character between conception and 9 months after the birth of the baby. In some instances, the relationship became closer, but typically the couple sees less and less of one another. The less close the couple's preconception relationship, the more likely they were to have little or no contact by 9 months post partum.

At the time of the prenatal interview, 23 percent of the respondents expected to have low levels of future contact (none or occasionally) with the baby's father. By 9 months post partum, 50 percent were having low levels of contact. Subjects received contraception services between interviews at the 6-week post partum examination. It seems safe to assume that a sizable number of subjects felt that they would not be sexually active and, hence, had no need for contraception at the time such services were provided. This assumption was not explored in the 6-week post partum interview. However, at the time of the delivery interview, 31 percent of the 206 subjects expected to have no coitus in the near future; 48 percent expected to have coitus with the putative father, 12 percent with another partner, and 9 percent did not know.

More than one-third (36 percent) of the subjects discontinued use of any method of contraception by 9 months post partum. If this discontinuation were sim-

Table 5. Unmarried girls with low levels of contact with putative father at 9 months post partum, by continuous use of contraception and whether the girl is seeing another man

New relationship	Continuous users (percent)		
	Initial methods	All methods	All methods, including abstinence
39 girls not seeing another man	56	59	82
71 girls who were seeing another man	49	55	65
X^25	1.0	3.8
df	1	1	1
P	<.50	<.50	<.10

NOTE: Missing cases—2 no response; 3 not asked

ly a realistic response to sexual abstinence or if the subjects reported desiring a pregnancy, it would be of little import. Sear (11) has suggested that much of the discontinuation of patients in publicly supported family planning programs is of little consequence, because it is associated with sexual abstinence.

However, this did not seem to hold true in our study. Our findings indicate that among young patients who probably have a high probability of resuming sexual relations at some point, considerable unprotected coitus occurs. Nine months after their first delivery, only 7 percent of the subjects reported wanting another child within a year (10 percent of the subjects who had discontinued and 4 percent of those who had not). Moreover, two-thirds of the discontinuers reported having intercourse without using contraception. Relative to the entire population, the percentage reporting unprotected coitus was 24 percent.

Unmarried subjects. The results suggest that among the unmarried subjects the stability and "closeness" of a couple's relationship does affect the rates of contraception continuation and exposed coitus in a population of black adolescent mothers. If the girl's relationship with the putative father was never close or became less close over time, she was more likely to have unprotected coitus than if the relationship was or became a close one.

In a few instances the discontinuation and unprotected coitus occurred in the context of a continuing relationship with the baby's father. However, it is our hypothesis that the discontinuation occurred when the relationship with the father broke up. Following the dissolution of the relationship, there may be a period during which the subject has no need for contraception and she discontinues. If she then commences a new relationship (or resumes the old one), unprotected coitus results from the failure to resume use of contraception.

Aspects of the circumstances in which unmarried black adolescents have coitus may contribute to these outcomes. One factor which may be involved is the

tendency by such couples to engage in coitus on an infrequent and unpredictable basis (8a, 9, 10a). This would be more likely in a new relationship or one not so close. When coitus is unpredictable, it is difficult to plan to use contraception at the appropriate times. In addition such a pattern of coitus would not be conducive to the girl's development of a self-concept which incorporates the notion of herself as sexually active. This failure may interfere directly with her use of contraception.

In a new relationship or one that is not close, parents and other adults are less likely to be aware of the couple's sexual activity and have less opportunity to acknowledge it or to support the use of contraception. Significantly, Furstenberg (6a) has reported more contraception use in daughters when their mothers were aware of their sexual activity or when the daughters thought their mothers were aware of it.

The nature of the role bargaining which occurs between a teenage ghetto girl and her partner, especially in the early stages of a relationship, may be implicated in both the infrequency and irregularity of her sexual activity and also to her rates of unprotected coitus. In these negotiations, the girl attempts to strike a precarious balance between presenting herself as someone who does not grant sexual favors easily, which has the consequence of increasing their value, and as someone who is not completely inaccessible sexually, which maintains the continued interest of her partner. Blau (12) has offered one analysis of the exchange process in such a relationship.

To play this role successfully and to strike what for her is the most advantageous bargain requires a delicate balancing of dispensing and withholding affection and sexual expressions. If a girl never dispenses the sexual rewards which she controls, she can never profit from their increased value. If she dispenses them too readily, she depresses their value. Ladner (10b) reported evidence that some black ghetto teenagers assess the "costs" of premarital sexual participation in this way. She concluded that the "...belief that girls suffer a loss of respect from males if they engage in premarital intercourse. . ." is strongly held. One of the major benefits of nonindulgence was presumed to be a better husband.

Under these circumstances the use of contraception may reveal the girl's intentions regarding coitus before it is strategic to reveal them. Thus, until the bargains involved are set, it may be necessary for a girl to run some risk of pregnancy (or to rely on her partner to use "protection") in order to avoid having her position of sexual inaccessibility discredited and undermining her bargaining position.

Unfortunately, the bargaining position of these particular respondents is already severely compromised by having had a pregnancy. When they begin seeing a new partner, their sexual accessibility will be presumed by him, and the girl will be under considerable pressure to indulge.

Informal observations also suggest that contraception discontinuation may sometimes be accompanied by a commitment on the part of the girl not to become sexually involved and risk another "mistake" after the baby is born. These subjects tend to think of themselves as "good" girls who have made a mistake which will not be repeated. As such, they have no need for contraception. Exposure occurs when, their good intentions notwithstanding, they subsequently become sexually involved.

Married couples. The married couples meet several conditions which should contribute to their ability to use contraception effectively. Such couples have had relatively long-term, stable relationships. They can be expected to have intercourse on a relatively regular, predictable basis. It is likely they have coitus more frequently than most unmarried couples. Because her status legitimates having coitus, the married respondent should be better able to plan and to deal more rationally with sexual activity than the unmarried one. However, our data and that from previously cited studies indicate that married adolescents tend to have lower contraception continuation and higher rates of unprotected coitus than unmarried ones. The obvious explanation is that married couples are more likely to want another child. However, these data as well as those of Furstenberg (13b) fail to support this assumption. Only 3 percent of the married respondents in this study wanted another child within a year.

Although the married subjects do not report that they want another pregnancy, it is possible that they do not feel the same need, in terms of the social costs, to prevent its occurrence. Married subjects may be more ambivalent about another pregnancy than unmarried ones, because its occurrence would be accompanied by fewer costs and, presumably, more rewards. In other words, one of the reasons for using contraception, to avoid the consequences of a premarital pregnancy, is eliminated by being married although another pregnancy is not desired. Additional research is needed to adequately account for the unexpectedly low continuation of married subjects.

Separated and divorced subjects. The separated and divorced subjects had the lowest rates of contraception continuation and the highest rates of unprotected coitus of any group. This result is somewhat surprising since it would appear that the "costs" of another pregnancy should be similar for the separated or divorced subject and the never married subject, producing similar rates of continuation and exposure. If one is to be consistent with these results one must argue that this is not the case. The literature provides some support for such a position. Rainwater has suggested that the relevant status for ghetto black females is having been married. He implies that having attained this status offers some protection from the status loss which would otherwise

accompany extra-marital sexual behavior and pregnancy (8a).

[i]n the United States. . . , early marriage confers a kind of permanent respectable status upon a woman which she can use to deny any subsequent accusations of immorality or promiscuity once the marriage is broken and she becomes sexually involved in visiting or common-law relations. The relevant effective status for many Negro women is that of "having been married" rather than 'being married'; having the right to be called 'Mrs.' rather than currently being Mrs. Some-one-in-Particular.

In fact, discontinuation and exposed coitus are even more frequent among the separated and divorced adolescents than one would expect from the combined effects of marital status and level of closeness. The frequency of discontinuation and unprotected coitus suggest that they are an integral part of the process of breakdown of a marital relationship. It is evident from the data that these subjects are very likely to have coitus. We cannot be certain whether the partner involved is the husband or another partner. However, we do know that in spite of the current status of their relationship, these respondents report frequent contact with the husband (all respondents in this group reported that they saw the husband at least every other day).

We suspect that the high rates of discontinuation and exposed coitus among the separated and divorced (largely separated) subjects occur in the context of an on-again, off-again sexual relationship with the husband. When the relationship is off, the subject discontinues use of contraception. When they reconcile their differences, however temporarily, they resume their sexual relationship more quickly than their use of contraception.

Some Practical Implications

These results suggest a lack of fit between most service programs and the lifestyle of many patients. The service programs tend to operate on the assumption that each patient has a continuing need for contraception. Patients are instructed and scheduled for routine followup appointments accordingly. The most frequently prescribed methods, oral contraceptives and IUDs, fit with a continuous use model.

Many of these respondents may not have defined themselves as having a continuing need for contraception or, in some cases, any need at all when they were receiving the instructions and future appointment dates at the time of the 6 weeks post partum checkup. Much of this routine may be dismissed as irrelevant by such a patient.

The information and structure for providing services which would fit the patient's lifestyle would be one which assumed that patients may discontinue use of the method they are given and may subsequently have an "emergency" need for contraception. Thus, while patients might be started on oral contraceptives and IUDs, they would also be supplied with foam and condoms. Clinic appointments would be available on short

notice to follow up and shift patients back to coitus-independent methods as soon as possible. Inevitably a post coital method of birth control would be needed to complement other methods.

There can be no guarantee that all patients who did not want a pregnancy would use such a service effectively. However, it would minimize the structural barriers to providing effective contraception in a population such as the one we have studied.

Finally, it has been suggested that married girls may be poor contraceptors and have relatively high rates of unprotected coitus, partly because they do not feel the same need in terms of social costs to prevent a second pregnancy as the unmarried girl. In other words, having been married may eliminate some of the reasons for using contraception, even though the girl does not report that she actually wants another baby. This finding suggests that it may be important to educate married teenagers about the relationship between spacing and maternal and child health in order to provide a foundation on which to base alternative motives for the practice of contraception. It might be especially important for factual information about the importance of spacing to reach the husband since he may share and reinforce the view that contraception is something practiced primarily to avoid the consequences of premarital (or extramarital) coitus.

References

1. Hall, M. F., and Reinke, W. A.: Factors influencing contraception continuation rates: The oral and the intrauterine methods. *Demography* 6: 335-346, August 1969.
2. Tietze, C., and Lewit, S.: The IUD and the pill: Extended use-effectiveness. *Fam Plann Perspect* 3: 53-55, April 1971.
3. Ewer, P. A., and Gibbs, J. O.: Correlates of oral contraception continuation. *HSMHA Health Rep* 86: 449-456, May 1971.
4. Rainwater, L.: *Family design*. Aldine Publishing Company, Chicago, 1965.
5. Rainwater, L.: Sexual behavior and family planning in the lower class. In *Human sexuality in medical education and practice*, edited by Clark Vincent. Charles C Thomas, Springfield, Ill., 1968, pp. 348-366.
6. Furstenberg, F., Jr.: Birth control experience among pregnant adolescents: The process of unplanned parenthood. *Soc Problems* 19: 192-203, fall 1971; (a) 198-199.
7. Ewer, P. A.: An evaluation of the Atlanta Adolescent Pregnancy Program: Health, education and family planning outcomes. 1971. Processed.
8. Rainwater, L.: Crucible to identity: The Negro lower-class family. *Dadelus* 95: 160-204, winter 1966. (a) p.173; (b) p.188.
9. Rainwater, L.: *Behind ghetto walls*. Aldine Publishing Company, Chicago, 1970.
10. Ladner, J. A.: On becoming a woman in the ghetto. PhD Dissertation. Washington University, St. Louis, June 1968; (a) pp. 120-122; (b) p. 148.
11. Sear, A.: Clinic discontinuation and contraceptive need. *Fam Plann Perspect* 5: 80-88, spring 1973.
12. Blau, P.: *Exchange and power*. John Wiley & Sons, Inc., New York, 1964.
13. Furstenberg, F. F., Jr.: Preventing unwanted pregnancies among adolescents. *J Health Soc Behav* 12: 340-347, 1971; (a) p. 345.